

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S03658** (9)

1. Corporation Name

SUNCOAST TOYS, INC.



Principal Place of Business

Mailing Address

**3734 131ST AVENUE N. #16
CLEARWATER FL 34622**

**3734 131ST AVENUE N. #16
CLEARWATER FL 34622**

2. Principal Place of Business

2a. Mailing Address

21 **3734 131st Ave N.**

26 **3734 131st Ave N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 6**

27 **# 6**

City & State

City & State

23 **Clearwater, FL**

28 **Clearwater, FL**

Zip

Zip

24 **34622**

25 **Pinellas**

29 **34622**

30 **Pinellas**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/14/1990

3a. Date of Last Report
05/01/1995

4. FET Number

59-3031322

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**OSBORNE, GEORGE M.
433 FOURTH STREET, NORTH
ST. PETERSBURG FL 34623**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
**MS
FIORE, JOSEPH
380 GULF BLVD
BELLEAIR FL**

CITY-ST-ZIP

TITLE
**MP
FIORE, MARY ELLEN
1340 GULF BLVD
CLEARWATER FL**

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Ellen Fiore for Suncoast Toys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 (813) 573-1288
DATE DAYTIME PHONE #

CR2E034 (12/95)